FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/IDENTIFICATION NUMBER:	R:   ` ,		MULTIPLE CONSTRUCTION ILDING:	(X3) DATE SURVEY COMPLETED				
	CA040000106		B. WING:			07/01/2019				
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE						
KAWEAH DELTA MEDICAL CENTER				400 W Mineral King Ave Visalia, CA 93291						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAC	∃X	PROVIDER'S PLAN OF CO (EACH CORRECTION SH CROSS-REFERENCED APPROPRIATE DEFIC	IOULD BE COMPLETE TO THE DATE				
E000	Initial Comments		E000							
E307	the findings of a full ins One deficiency was iss numbers 633111 and 6 T22 DIV5 CH1 ART3-7 Service Staff  (10) The licensed nurse telemetry unit shall be Commencing January nurse-to-patient ratio in be 1:4 or fewer at all tir defined as a unit organ maintained to provide of cardiac monitoring of p condition, having or sus cardiac condition or a d electronic monitoring, r	of Public Health during complaints.  33111 and 634233  Intment:  Ited to the specific of and does not represent pection of the facility.  Ited for complaint (34233)  10217(a)(10) Nursing  115 or fewer at all times. 11, 2008, the licensed of a telemetry unit shall thes. "Telemetry unit" is ized, operated, and the spected of having a lisease requiring the ecording, retrieval, and rical signals. "Telemetry or regulations does not nor fetal surveillance.  It record review, the	E307							

Licensing and Certification Division

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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	Specialist (RMS), on 4/RMS stated the facility' Tower (4T) and 2 North During an interview with (4TNM), on 4/15/19, at the floor is supposed to	the potential to result in a for patients on the the Risk Management (15/19, at 12:30 PM, at telemetry units are 4 in (2N).  The the 4T Nurse Manager (12:57 PM, 4TNM stated to be staffed with a ssigned no patients, and							
	four patients each. 4TN current patient census should call for one char nurses. 4TNM stated fir today, most are assignincluding the charge nu	IM stated the floor's is 23 patients, which rge nurse and six other we nurses are working ed five patients, urse. 4TNM stated their to other units about half							
	During a review of 4T's staff were noted to be of following dates:								
	patients each 3/31/19 day shift: three five patients each 4/4/19 day shift: four nupatients each	nurse was assigned five nurses were assigned urses were assigned five urses were assigned five							

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NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE						
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	(RN 1), on 4/15/19, at she is charge nurse too currently assigned four when she is not charge assigned five patients. assigned five patients, provide as good of quais assigned fewer patients. During a review of 2N's staff were noted to be of following dates:  3/2/19 night shift: six nupatients each 3/5/19 day shift: six nupatients each 3/8/19 day shift: six nupatients each 3/31/19 night shift: six nupatients each 4/6/19 day shift: six nupatients each 4/6/19 day shift: six nupatients each 4/6/19 night shift: two nupatients each 4/6/19 night shift: six nupatient	day. RN 1 stated she is patients. She stated a nurse, she frequently is RN 1 stated when she is she is not able to lity of care as when she nts.  It daily staffing sheets, but of ratio on the curses were assigned five arses were assigned five architecture assigned five archite								

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PRINTED: 26/08/2019

## California Department of Public Health

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NAME OF PROVIDER OR SUPPLIER				STR	EET ADDRESS, CITY, STATE, ZI	P CODE	
KAWEAH DELTA MEDICAL CENTER					W Mineral King Ave alia, CA 93291		
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	at 2:12 PM, RN 3 state assigned five patients. assigned five patients of	RN 3 stated she is on most shifts. She ve patients, she is only					